

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	19		←	←	←	←
TOTAL CLAIMS	25					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS			↓		↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS